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AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 010362
In Re Application of: Krishnan
Serial Number: 09/881,868
Filed: 6/15/01
Examiner: Aravind Moorthy
Group Art Unit: 2131

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	20	33		x \$50 =	\$0
Independent**	3	4		x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES			<input checked="" type="checkbox"/> One Month	\$120	\$120
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			<input type="checkbox"/> Three Months	\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$120

*If the number in column a is less than 20, enter 0 in column c.

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5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
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Date: 8/25/05

Signature: _____

George C. Pappas, Reg. No. 35,065
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(TRANSAMD.VER1.13-07/30/03)